

**2009 BI-WEEKLY HEALTH PLAN RATES
PART-TIME REGULAR (.5 FTE) EMPLOYEES**

	CARE FIRST BLUE CHOICE HMO	CAREFIRST BLUE CHOICE HMO OPEN ACCESS (NEW PLAN)	KAISER PERMANENTE HMO	KAISER PERMANENTE POINT OF SERVICE (NEW PLAN)	M.D. IPA HMO	M.D. IPA POS
<i>INDIVIDUAL</i>						
<i>Employee Share</i>	\$ 97.45	\$117.87	\$94.25	\$102.24	\$223.36	\$261.96
<i>City Cost</i>	\$62.84	\$62.84	\$62.84	\$62.84	\$62.84	\$62.84
<i>Total Cost</i>	\$160.29	\$180.71	\$157.09	\$165.08	\$286.20	\$324.80
<i>2- PERSON</i>						
<i>Employee Share</i>	\$194.91	\$235.73	\$188.50	\$204.49	\$415.60	\$488.55
<i>City Cost</i>	\$125.67	\$125.67	\$125.67	\$125.67	\$125.67	\$125.67
<i>Total Cost</i>	\$320.58	\$361.40	\$314.17	\$330.16	\$541.27	\$614.22
<i>FAMILY</i>						
<i>Employee Share</i>	\$292.37	\$353.60	\$282.75	\$306.74	\$579.42	\$ 682.89
<i>City Cost</i>	\$188.50	\$188.50	\$188.50	\$188.50	\$188.50	\$188.50
<i>Total Cost</i>	\$480.87	\$542.10	\$471.25	\$495.24	\$767.92	\$871.39

Rates are based on Twenty-Six (26) Pay Periods Per Year